Please complete the following information to enable the Sabbatical Review Committee to consider your request. Answer all questions. This form must be received in the Office of the Vice President for Academic and Campus Affairs by ***October 15th.***

Name:

Address:

Home Telephone: College Extension:

Period of previous sabbatical, if applicable:

List of unpaid leave(s) of absence: From To Preference for sabbatical leave (rank your preferences 1st, 2nd, 3rd, 4th, 5th)

Full Year Fall Semester Spring Semester Eight months / 75% pay

Released time up to 50 days (alternative)

Sabbatical Activity or Title

Summary (submit a brief summary of project)

**(Please utilize template below to provide a detailed submittal on the Sabbatical Request)**

Signature

Date

cc: Campus Executive Dean

The statement of purpose for the sabbatical shall demonstrate the proposed benefit to individual professional growth and to a college program based on the College’s Strategic Plan. “Individual professional growth” is defined as pursuit of knowledge related to the member’s discipline or duties at the college, to the teaching profession, or to an approved program.   
  
The statement of purpose should be made with a high degree of certainty. In the event that modification becomes necessary, you must promptly seek approval from the Sabbatical Review Committee.

Details of Application:

* Describe at length the project idea
* How the idea will come to fruition (detailed scope of work)
* What preparation/prior work has been done to support this idea
* What the outcome/outcomes will be when the project is completed

Benefit to the Applicant:

* Describe how the project will enhance the individual’s performance/leadership/standing within the institution

Benefit to the Institution:

* Describe how the project aligns with the College’s strategic Plan
* What goal/objective in the College’s Strategic plan is supported by the result of the project

Timeline/Milestones to ensure the project will be completed within the requested timeframe:

* Provide a detailed timeline of events in chronological order
* Indicate measurable outcomes/milestones

(Requestor must ensure the timeline is met and is clear to the review committee)

|  |  |  |
| --- | --- | --- |
| Milestone/Objective | Description | Time period |
| Milestone Example 1 | Summary of milestone | 1 week |
| Milestone Example 2 | Summary of milestone | 3 days |
| Milestone Example 3 | Summary of milestone | 1 month |

(Add as many milestones as necessary to show completeness of sabbatical)